



**Dept. 301**  
**2007 Indiana State Fair**  
**Youth Talent Contest**  
**ENTRY FORM**  
Complete all information. Please print or type.

OFFICE USE ONLY	
Date Entry Received	_____
Exhibitor No.	_____
Receipt No.	_____
Parking Sticker No.	_____
Ticket No.	_____
Date Sent	_____

The act listed below was a winner in the \_\_\_\_\_ County preliminary talent contest, making it eligible to compete in the Indiana State Fair Youth Talent Contest. **The contestant(s) has read the Terms and Conditions of the Indiana State Fair Youth Talent Contest** and agrees to abide by those terms. If there is a difference between county contest rules and State Fair contest terms and conditions (for example, performance time limit), it is understood that the Terms and Conditions of the Indiana State Fair Youth Talent Contest will be enforced at all times during the State Fair competition. **County Sanction form was due July 1, 2007.**

**NAME OF ACT/OR NAME OF SONG:** \_\_\_\_\_

**ALL CORRESPONDENCE (including tickets) CONCERNING THIS ACT'S PERFORMANCE AT THE 2007 INDIANA STATE FAIR SHOULD BE SENT TO:** (Please complete address):

LEADER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT CONTESTANT:**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**CHECK APPROPRIATE CATEGORY:**

- | JR. | SR.                      |  | JR. | SR.                      |   | JR. | SR.                      |   |
|-----|--------------------------|--|-----|--------------------------|---|-----|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> Vocal Solo-Female | 5.  | <input type="checkbox"/> | <input type="checkbox"/> Instrumental Group | 9.  | <input type="checkbox"/> | <input type="checkbox"/> Novelty Group                |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> Vocal Solo-Male   | 6.  | <input type="checkbox"/> | <input type="checkbox"/> Dance Solo         | 10. | <input type="checkbox"/> | <input type="checkbox"/> Tumbling (free X only) Solo  |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> Vocal Group       | 7.  | <input type="checkbox"/> | <input type="checkbox"/> Dance Group        | 11. | <input type="checkbox"/> | <input type="checkbox"/> Tumbling (free X only) Group |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> Instrumental Solo | 8.  | <input type="checkbox"/> | <input type="checkbox"/> Novelty Solo       | 12. | <input type="checkbox"/> | <input type="checkbox"/> Clogging Solo                |
|     |                          |  |     |                          |   | 13. | <input type="checkbox"/> | <input type="checkbox"/> Clogging Group               |

**CHECK ONE:** This act ☐ will/ ☐ will not be using a cassette tape/CD.

**Signature required for valid entry**

**Approved by county event representative:**

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

Return this completed entry form and your \$20 entry fee (check or money order payable to the Indiana State Fair **postmarked no later than 3 days after the county contest**) to: Indiana State Fair Youth Talent Contest, Entry Department, 1202 E. 38th St., Indianapolis, Indiana 46205-2869. **Entry fees are non-refundable.** All tickets will be mailed to Leader. They must then provide tickets to contestants.

Please direct all questions CONCERNING CONTEST to: Youth Showcase, Emogene Plymate 317-398-8926, after Aug. 7 Farm Bureau Building Office 317-927-7556.

Please direct all questions CONCERNING ENTRY to: Entry Dept., 317-927-7515.

*Turn over for group registration*

**PLEASE PROVIDE THE FOLLOWING INFORMATION OF THE GROUP ACT, INCLUDE ALL GROUP MEMBERS:**

(1) NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(3) NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(4) NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(5) NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(6) NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_